Fill in this informa	ation to identify your case:	
Debtor 1	Robert Scott Clark	
Debtor 2 (Spouse, if filing)	Josette Tina Clark	
United States Ba	nkruptcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number	23-52088	Check if this is:
(If known)		An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106l	MM / DD/ YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Employee	Unemployed/side job
	Include part-time, seasonal, or self-employed work.	Employer's name	SMT Industries	
	Occupation may include student or homemaker, if it applies.	Employer's address	PO Box 766 2540 Ross St. Sidney, OH 45365	
		How long employed to	here? <u>1 Year</u>	

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,640.00 758.33 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 3,640.00 \$ 758.33

Schedule I: Your Income Official Form 106I page 1

	tor 1 tor 2	Robert Scott Clark Josette Tina Clark	_	Ca	se number (if known)	23-5	2088	
					For Debtor 1	non	Debtor 2 or n-filing spouse	
	Cop	by line 4 here	4.	\$	3,640.00	\$_	758.33	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	475.63	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.			\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	381.85	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h	+ \$	0.00	+ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	857.48	\$	0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,782.52	\$_	758.33	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.			\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				. ·		
	04	settlement, and property settlement. Unemployment compensation	8c. 8d.	\$ \$		\$ \$	0.00	
	8d. 8e.	Social Security	8e.	\$		* * <u>*</u> _	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$		\$ \$	0.00	
	8g.	Pension or retirement income	8g.	\$		\$	0.00	
	8h.	Other monthly income. Specify:	8h	+ \$	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$_	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	S	2,782.52 + \$	7	758.33	3,540.85
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	deper			•	Schedule J. 11. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies						3,540.85
13.	Do	you expect an increase or decrease within the year after you file this form	?				Combine monthly	
		No.						

Yes. Explain:

Wife closed her LLC down July 31st, 2023. She currenlty gets paid cash by a friend to help her at her store since her friend is currenlty going through chemo. The Debtors gets 150.00 a week/cash to work at her friends store.

Fill	in this info	rmation to identify ye	our case.			ı		
Deb	otor 1	Robert Scot	t Clark				k if this is: An amended filing	
Det	otor 2	Josette Tina	Clark			_	· ·	ving postpetition chapter
	ouse, if filing		Clark					the following date:
Uni	ted States Ba	ankruptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO		-	MM / DD / YYYY	
Cas	se number	23-52088						
	nown)							
0	fficial F	orm 106J				•		
		le J: Your	Exper	ISAS				12/1
Be info nui	as comple ormation. I mber (if kn	ete and accurate as	s possible. eded, atta	. If two married people ar ich another sheet to this				or supplying correct
Par		scribe Your House	ehold					
1.		joint case?						
	_	o to line 2. Does Debtor 2 live	in a conor	oto household?				
			iii a Sepai	ate nousenoid?				
		No Yes. Debtor 2 mu	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	e <i>hold</i> of Debt	or 2.	
2.	Do you h	nave dependents?	■ No					
	•	st Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not st			·				□ No
		nts names.						□ Yes
								□ No
								Yes
								□ No
								□ Yes □ No
								☐ Yes
3.		expenses include	_	No				— 103
		s of people other t and your depende	than 👝	Yes				
		and your depende	: : :					
Est	timate you	of a date after the	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the	value of s	uch assistance an		government assistance it cluded it on <i>Schedule I:</i> Y			Your exp	enses
(01	ficial Form	1 1001.)					Tour exp	
4.		al or home owners s and any rent for th		ses for your residence. In	nclude first mortgage	e 4. \$		0.00
	If not inc	cluded in line 4:						
	4a. Re	al estate taxes				4a. \$		190.00
		operty, homeowner'				4b. \$		125.00
		me maintenance, re	•			4c. \$		25.00
5.		meowner's associa			me equity loans	4d. \$ 5. \$		0.00
٥.		al mortgage payments for your residence, such as home equity loans 5. \$ 0.00						

	otor 1		Scott Clark				23-52088
Deb	otor 2	Josette	Tina Clark	Case	num	ber (if known)	23-32000
6.	Utilit				•	•	407.00
	6a.		y, heat, natural gas		6a.	·	435.00
	6b.		ewer, garbage collection		6b.	·	95.00
	6c.		ne, cell phone, Internet, satellite, and cable services		6c.	·	400.00
7	6d.	Other. Sp	·		6d.	·	0.00
7.			sekeeping supplies		7.	·	600.00
8.			children's education costs		8.	\$	0.00
9.		•	dry, and dry cleaning		9. 10.		25.00
			products and services		-	•	75.00
11.			ental expenses		11.	\$	230.00
12.			 Include gas, maintenance, bus or train fare. 		12.	\$	120.00
13			, clubs, recreation, newspapers, magazines, and books		13.	·	0.00
			stributions and religious donations		14.	· -	0.00
		rance.	and rengious donations		17.	Ψ	0.00
10.			insurance deducted from your pay or included in lines 4 or 20.				
		Life insur		1	5a.	\$	0.00
	15b.	Health in	surance	1	5b.	\$	0.00
	15c.	Vehicle ii	nsurance	1	5c.	\$	185.00
	15d.	Other ins	urance. Specify:	1	5d.	\$	0.00
16.			nclude taxes deducted from your pay or included in lines 4 or 20.			· 	
	Spec		, , ,		16.	\$	0.00
17.			lease payments:				
	17a.	Car payn	nents for Vehicle 1	1	7a.	\$	0.00
	17b.	Car payn	nents for Vehicle 2	1	7b.	\$	0.00
	17c.	Other. Sp	pecify:	1	7c.	\$	0.00
	17d.	Other. Sp		1	7d.	\$	0.00
18.	Your	payment	s of alimony, maintenance, and support that you did not repo	ort as			0.00
			your pay on line 5, Schedule I, Your Income (Official Form 1	106I).	18.	·	0.00
19.			ts you make to support others who do not live with you.			\$	0.00
	Spec	,		<u> </u>	19.		
20.			perty expenses not included in lines 4 or 5 of this form or on				0.00
			es on other property		20a.	· ·	0.00
		Real esta			20b.	·	0.00
			homeowner's, or renter's insurance		20c.	·	0.00
			nce, repair, and upkeep expenses		20d.	·	0.00
			ner's association or condominium dues	2	20e.	·	0.00
21.	Othe	er: Specify:			21.	+\$	0.00
22.	Calc	ulate vour	monthly expenses				
			4 through 21.			\$	2,505.00
			22 (monthly expenses for Debtor 2), if any, from Official Form 10	6J-2		\$	2,300.00
			2a and 22b. The result is your monthly expenses.	-		\$	2,505.00
	226. /	Auu IIIIe Z	za and 22b. The result is your monthly expenses.			Ψ	2,505.00
23.	Calc	ulate your	monthly net income.				
	23a.	Copy line	e 12 (your combined monthly income) from Schedule I.	2	23a.	\$	3,540.85
	23b.	Сору уог	ur monthly expenses from line 22c above.	2	23b.	-\$	2,505.00
	23c.		your monthly expenses from your monthly income.	,	22.0	¢	1,035.85
		The resu	It is your monthly net income.	2	23c.	\$	1,033.03
24.	For ex	xample, do y	an increase or decrease in your expenses within the year af you expect to finish paying for your car loan within the year or do you expe e terms of your mortgage?				ease or decrease because of a
			Explain here:				
	⊔ Ye	es.	Ελριαίτι τίστο.				